

After nine days on this dose a test was made and the result was "serum lithium: nil detected."—I am, etc.,

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Compensation for Personal Injury

SIR,—Many orthopaedic surgeons will welcome the Government's decision to set up a Royal Commission on compensation for personal injury (*B.M.J.*, 30 December, p. 802) and will hope for a modification of the present legal arrangements, which so often serve to prevent or delay a patient's recovery. Now once an injured person believes he is suffering as a result of someone else's negligence and that he is accordingly entitled to hope for financial compensation a severe blow is struck at his will to recover. Without such a will the efforts of his medical and other advisers are largely stultified and considerable exaggeration and prolongation of the disability often follow. I am not writing of deliberate malingering for financial gain, which is relatively uncommon and usually easily recognized when attempted, but of a subconscious compensation neurosis which all too readily develops in the months following an injury, often in patients who have shown great courage and determination in the early stages of their treatment. Such a man becomes a neurotic burden to himself and to all concerned with his welfare, a situation which often seems directly attributable to the delays and uncertainties of the present legal procedures.

The principle of compensation for the effects of another's negligence is a fair one, but its implementation needs drastic revision. Entitlement to compensation, if not automatic, needs to be decided at a very early stage so that the patient is relieved of the anxiety brought on by uncertainty. The extent of the special damages attributable to his injury similarly needs prompt recommendation, possibly based on a tariff and administered by a special branch of the judicial system. If the special damages were payable promptly, but only on the completion of medical treatment they would form a positive inducement to recovery instead of a golden millstone around the neck of the unfortunate beneficiary.—I am, etc.,

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Cutaneous Sarcoidosis in Venepuncture Sites

SIR,—In the interesting cases of sarcoidosis collected by Dr. B. W. Hancock (23 December, p. 706) some of the granulomas developed where venepuncture had been performed for blood donation. Might not an intracutaneous injection of saline (or of the patient's blood) therefore be as effective in diagnosing early sarcoidosis as an injection of Kveim homogenate? Erythema nodosum is often visible and painful evidence of subcutaneous sarcoid granulomas. The skin lesions are distributed dependently in the legs, and rarely also in the forearms. The hydrostatic pressure may locally damage the overlying skin so that it is temporarily vulnerable to minimal trauma. The subcutaneous granulomas themselves, however, are painless. In a similar sort of way beryllium dust may perhaps have an adjuvant effect,

so that otherwise silent cases of sarcoidosis are sometimes unmasked. It is probably significant that in some industrial cases of chronic berylliosis the patient simply lived in the vicinity of the factory but never worked there at all.—I am, etc.,

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Severe Hyponatraemia in Hyperlipaemic Diabetic Ketosis

SIR,—In their interesting case report (23 December, p. 709) Dr. J. A. Bell and others point out the drawback of assessing plasma water concentration by the technique of evaporation to dryness in hyperlipaemic diabetic ketosis.

The plasma water content may be more readily obtained by measurement of plasma osmolality and then repeating the measurement after dilution of plasma by an equal volume of unionized water. Then plasma water (%) = $\frac{\text{osmolality of dilute plasma} \times 100}{(\text{plasma osmolality} - \text{osmolality of dilute plasma})}$.

Electrolyte concentrations in the water phase may then be easily calculated.—I am, etc.,

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Skin Reaction to Isopropyl Alcohol

SIR,—Recently a patient was admitted for radiotherapy who had a bad eczematous reaction in the skin of both cubital fossae which had been ascribed to Elastoplast allergy. She had developed a deep venous thrombosis postoperatively and had been treated with a drip infusion of heparin. Elastoplast had subsequently been placed on her arms.

After admission blood was taken for prothrombin time estimation and a similar eczematous reaction developed on the back of the hand at the site of venepuncture. This could not have been due to Elastoplast, as this had not been used, but it was noticed that the fingers which had held a Medi-swab (saturated with 70% isopropyl alcohol) on the puncture site were also eczematous. A crude but effective skin testing system was set up and pieces of Elastoplast, cotton-wool, a Medi-swab, a Medi-swab whose isopropyl alcohol had been allowed to evaporate, and a needle were all applied to the skin. The area under the Medi-swab became very red and itchy while the other areas were unaffected.

This suggests that some people can be allergic to simple substances like isopropyl alcohol. This is now almost universally used to clean skin before venepuncture and this type of reaction may be quite common. It is also possible that some cases of "Elastoplast allergy" are in fact due to some other, simpler, substances like isopropyl alcohol.—I am, etc.,

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Drugs in Infertility

SIR,—Your expert's recent "Today's Drugs" article (21 October, p. 167) and subsequent letters from Dr. G. I. M. Swyer (18 November, p. 425) and Professor I. D. Cooke (30

December, p. 794) were interesting, and call for a small added comment.

It is all too common to find that the male partner in a subfertile marriage has been overlooked until his wife has had considerable preliminary investigation. In the Bristol male subfertility clinics investigation of approximately 300 men a year rarely reveals a fully fertile husband. Clomiphene may well be the only drug yet available with a possibility of stimulating spermatogenesis, but it is extremely difficult to prove—or refute—its efficacy and correct dose, and its applications may not yet be determined.¹ I fully agree with Dr. Swyer and Professor Cooke that mesterolone is a disappointingly weak androgen, which possibly accounts for its claimed lack of inhibition of gonadotrophin. It is difficult to understand how it can possibly stimulate spermatogenesis in males already producing adequate endogenous testosterone, and in order to produce normal levels of testosterone in hypogonadal males, sufficient to result in penile development it is necessary to give 200 mg daily for one to two years, and such patients are likely to be subfertile anyway.

Undoubtedly clomiphene has been a major factor in the successful treatment of anovulation, and Dr. Swyer's statement that ovulation occurs 8-12 days after a course has been substantiated by our experience of successful pregnancy on four occasions after therapeutic donor insemination; 200 mg clomiphene had been given daily for five days and insemination was carried out seven days later, on day 16 of the cycle.—I am, etc.,

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¹ Foss, G. L., Tindall, V. R., and Birkett, J. P., *Journal of Reproduction and Fertility*, 1973, 32, 167.

Psychiatric Day Care

SIR,—The article by Dr. D. H. Gath and others (13 January, p. 94) is indeed timely (though I suspect too late) in pointing out, *inter alia*, that a large proportion of day hospital patients have long-term needs which might be difficult to meet in the district general hospital units. Their findings support the view that a large proportion of the total psychiatric day population is made up of patients with chronic disorders of poor prognosis who maintain a high rate of daily attendance over a long period of time and have become long-term day patients as a direct result of the closure of mental hospital beds. With the rundown and eventual closure of these hospitals it is certain that the numbers of such patients in the community will multiply.

The hospital in which I work is located within an industrial county borough area and it serves a population of 330,000 persons. It has its own outpatient department and has recently been provided with a custom-built day unit to which is attached an industrial therapy unit. There are 30 beds in a detached unit intended for short-stay patients and another 60 intended for short/medium-stay disturbed patients within the traditional mental hospital itself. There are, of course, long-stay and psychogeriatric wards as well. In fact, under various pressure all these short/medium-stay beds tend to be used for the admission and readmission of patients with all types of psychiatric disorder regardless of age and